PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003. Application or Docket Number 1												
CLAIMS AS FILED - PART I								SMALL EI	UTITY		OTHER	THAN
			(Column		(Column 2)			TYPE [" " ·	OR	SMALL	
TOTAL CLAIMS			9					RATE	FEE]	RATE:	FEE
FOR .			NUMBER FILED		NUMB	NUMBER EXTRA		BASIC FEE	375.00	OR	BASIC FEE	7,50.00
TOTAL CHARGEABLE CLAIMS			9 - minus 20=		· 6			X\$ 9=	;	OR	X\$18=	. :
INDEPENDENT CLAIMS			2 _ minus 3 =		0			X42=		OR	X84=	
MULTIPLE	DEPEN	DENT: CLAIM P	RESENT			. D		+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	7000
CLAIMS AS AMENDED - PART II							014414		•	OTHER	THAN	
	· · ··· ··;	(Column 1)		(Colur		(Column 3)		SMALL		OR 1	SMALL	
ENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL REE	. :	RATE	ADDI- TIONAL FEE
Total Independent		.10	Minus'	-20	3	- (1)		X\$ 9=		ОЯ	X\$18=	
Indeper		• D	Minus	***	CLAUA	1-()	1	X42=		OR	`X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		6R	+280=	
11.1	-	ONO	V					TOTAL	1	OR	TOTAL	
41181	()	(Column 1)		(Colu	mn 2)	(Column 3)		ADDIT. FEE!	<u> </u>	J • · ·	ADDIT. FEE	
0		CLAIMS		HIGH	EST		1		ADDI-	استرا		ADDI-
		REMAINING AFTER AMENDMENT		NUM PREVK PAID	DUSLY	PRESENT		RATE	TIONAL FEE		RATE	TIONAL FEE
Total .		. 0	Minus	27/	1			X\$ 9=		OR	X\$18	
Indeper		NTATION OF M	Minus /	ENDENT	CLAIM	-		X42=		OR	X84=	
17111-011	TILOL	ITATION OF IN	OBMETE OF	CIADCIA	CDAIM	L	J	+140=	·	OB/	+280=	
				•			•	TOTAL ADDIT, FEE		OH	TOTAL ADDIT, FEE	
		ADDII. FEE			ADDIT. PEE							
O		(Column 1) CLAIMS		HIGH	EST ·	(Column 3)	1 r	·	ADDI-	l .		ADDI-
Total Independent Control		REMAINING AFTER AMENDMENT		PREVIO	DUSLY	PRESENT		RATE	TIONAL		RATE	TIONAL
Total		4	Minus	**	•.	8	Ш	X\$ 9=		OR	X\$18=	
Indeper		• /	Minus	***		= .]	X42= ··		i	X84=	
FIRST	PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	CLAIM		1			OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+140= ·	<u> </u>	OR	+280=	
"" If the "Hig	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	ADDIT. FEE	L
The *High	nest Nún	nber Previously Pa	aid For* (Total or	Independ	lent) is the	highest numb	er fo	und in the ap	propriate bo	x in co	olumn 1.	